



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION
LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Padicek		Melissa	T	(808) 523-3695
MAILING ADDRESS (Street)				FAX
841 Bishop St., #1028				(808) 523-3712
(City)		(State)	(Zip Code)	
Honolulu		HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kahi Mohala Behavioral Health			(808) 677-2503
MAILING ADDRESS (Street)			FAX
91-2301 Fort Weaver Rd.			(808) 677-2570
(City)		(State)	(Zip Code)
Ewa Beach		HI	96706
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Leonard Licina			(808) 677-2503
MAILING ADDRESS (Street)			FAX
91-2301 Fort Weaver Rd.			(808) 677-2570
(City)		(State)	(Zip Code)
Ewa Beach		HI	96706

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Melvin T. Parker</u>	<u>1-16-07</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>LEONARD LICINA</u>		<u>CFO</u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>Kahi Mohala Behavioral Health</u>		<u>(808) 677-2503</u>	
MAILING ADDRESS (Street)		FAX	
<u>91-2301 Fort Weaver Rd.</u>		<u>(808) 677-2510</u>	
(City)	(State)	(Zip Code)	
<u>Honolulu</u>	<u>HI</u>	<u>96706</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Leonard Licina</u>		<u>1-12-07</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	